

State of Washington Application for a Water Research delays. Please follow the attached instructions to avoid unnecessary delays.

| For Ecology Use | |
|-----------------|--|
| Fee Paid (C) | |
| Date 3/14/95 | |
| CK#3862 | |

| Section | 1. APPLI | CANT - | - PERSO | N, ORGA | NIZATION, O |)R WAT | FER SY | STEM |
|--|---|--|---------------|---|--|-------------|------------------------|---------------------------|
| Name | beorge | e ' | Bhys | ON | Home Tel: | (509) 7 | 86-2 | -387 |
| Mailing Ad | dress Pt | 3 13 | 00 30 | 682 | Work Tel: | | | |
| City_ | ROSSER | St St | ate WA Zi | p+4 <u>993</u> | 50+FAX | :(509) 7 | 786 - 23 | 387 |
| | 2. CONT e as above | ACT - I | | TO CAL | L ABOUT TH | E APPL | ICATIC | N |
| Name | | The second secon | | | Home Tel: | () | | B. |
| | | | | | Work Tel: | | | |
| City | | St | ateZi | p+4 | +FAX | [:()_ | | |
| Relationshi | p to applicant_ | | | | | | | |
| Section | 3. STATE | EMENT | OF INT | DNT | | | | |
| purpose(s) description | of Domestic | f use. (See | e instruction | Heat Coul | ground water so have a parcel number per year: to be | r or a plat | Attach a "I number is | legal" not sufficient. |
| nee | ded: | | to | <u> </u> | roject. Indicate the | | | |
| If SURF | ACE WATER | ₹ | | | If GROUNDWA | TER | | |
| lake, etc. | water source a If unnamed, v stream," etc.: | write "unna | | - | A permit is desired | for | well | (s). |
| Number of diversions: | | | | DR proposed Well | | | | |
| Source flows into (name of body of water): | | | | Size & depth of well(s): | | | | |
| | | | | Size & depth of well(s): 8' 205 feet | | | | |
| LOCATI | ON | | | | | | | |
| | e north-south a | | west distanc | ees in feet fr | om the point of d | iversion o | r withdrav | val to the |
| ½ of | 1/4 of | Section | Township | Range(E/W) | County | If location | on of source i belo | s platted, complete |
| | | , | | 8 -(-(-(-(-(-(-(-(-(-(-(-(-(-(-(-(-(-(-(| | Lot | Block | Subdivision |
| E 1/2 | SW | 3/ | 911 | 25 E | Benton | | | |
| For Ecology | Use Date Rece | eived: | | Prior | ity Date: 3///6 | 166 | | |
| SEPA: Exem | pt/Not Exempt | FERC Li | icense # | | Dept. Of Hea | th # | | |
| Date Accep | ted As Complete | | В | y <u></u> D | ate Returned | By | V | /RIA: 37 |

ECY 040-1-14 Rev. 12/94 F

APPLICATION

G432301 Appl. No.:

| Sect | ion 5. GENERAL WATER SYSTEM INFORMATION | |
|------|--|---------------|
| A. | Name of system, if named: | |
| В. | Briefly describe your proposed water system. (See instructions.) | |
| | to be derternined | |
| | | |
| | | |
| C. | Do you already have any water rights or claims associated with this property or system? YES PROVIDE DOCUMENTATION. | NO |
| ~ | PROVIDE DOCUMENTATION. 64-27282 c in your record | |
| | ion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION npleted for all domestic/public supply uses.) | |
| A. | Number of "connections" requested: Type of connection 120 apt or Hornes. (Homes, Apartment, Recreational, et al., 120 apt or Hornes) | ta |
| В. | Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified your County Health Department. | NO |
| Com | olete C. and D. only if the proposed water system will have fifteen or more connection | ns. |
| C. | Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan | NO. |
| D. | Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan This is a proposed system. | |
| C. | | |
| | ion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION nplete for all irrigation and agriculture uses.) | |
| Α. | Total number of acres to be irrigated: \(\frac{\mathref{HO}}{\omega} \) | 0.000.000.000 |
| B. | List total number of acres for other specified agricultural uses: | |
| | Use Acres Use Acres | |
| | Use Acres | |
| C. | Total number of acres to be covered by this application: | |
| D. | Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s). | |
| | 1. Is the combined acreage greater than 2000 acres? | |
| | 2. Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no: | NU |
| E. | Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking | |
| | The state of the s | |

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Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES □ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

| | THE RESERVE THE PARTY OF THE PARTY. | DIRECTIONS |
|------------|-------------------------------------|--|
| bootron II | | |
| | 200 B 1 C 20 Kb Vd 25 L 2 To 12 | 20 DE A DE T SOL DE MONTOS DOS DE DOS DATOS DA TORRES DE |
| | | |
| | | |

Provide detailed driving instructions to the project site. Second Cline Way Point Sence Food Plant on Lee Boad, Proson,

Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

YES - NO Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

X YES - NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

Landowner for place of use (if same as applicant, write "same")

Date

| (s): | |
|--------|--|
| | APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210 |
| ie/ara | APPLICANT PLEASE |
| 15/410 | RETURN TO THE |
| | APPROPRIATE REGIONAL |
| | OFFICE |
| | |
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| | |
| | s): is/are |

indicate section

Use this page to continue your answers to any questions on the application.

number before answer.

Ecology staff

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).